

***True Decisions Inc.***

***An Independent Review Organization***

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**True Decisions Inc.**

**Notice of Independent Review Decision**

Amended Date: 12/10/2015

Case Number:

Date of Notice: 12/07/2015

Description of the service or services in dispute:

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Chiropractor

☒ 12 sessions of Chiropractic and Physical Therapy, Cervical Spine and Right Shoulder  
☐

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part / Disagree in part)

**Patient Clinical History (Summary)**

The patient is a. The patient injured her shoulder and

neck while closing a heavy door. Progress note dated XX/XX/XX indicates that she feels

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impingement. This note reports that she has tried medications and physical therapy without any relief of her symptoms. On physical examination she can abduct and forward flex only 90 degrees, but she is guarding. She has positive impingement and cross chest sign. She has negative apprehension. She has 5/5 strength in abduction, internal and external rotation. She is nontender to palpation over the biceps tendon but she is tender to palpation over the trapezius and cervical spine. She has satisfactory motion of her cervical spine and it does not reproduce her symptoms with extremes of motion of the cervical spine. The patient received a shoulder injection on this date.

The initial request for 12 sessions of chiropractic and physical therapy was non-certified on XX/XX/XX noting that 11 sessions of physical therapy sessions for the right shoulder is recommended for therapeutic exercise and manual therapy up to 4 units per session, 2 x/week. Claimant has had 9 PT sessions. Patient should be

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sprain shoulder and arm and cervical disc displacement. The patient has had 9 physical therapy sessions. The patient should be doing active home exercise at this time per ODG. There is no indication of functional improvement as the result of the previous course of care.

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**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient has completed 9 physical therapy visits to date for injuries sustained on XX/XX/XX. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnoses, and there is no

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

- ☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- ☐ AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for anagement of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards

- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment Guidelines

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**Amended Date:** 12/10/2015

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- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
  
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

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